

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046587

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3439

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Filing NOV 20 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton, Missouri.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Oakville</u> d. STREET ADDRESS (If outside, give location) <u>4334 Telegraph Road,</u>	
3. NAME OF DECEASED (Type or print) First <u>Francis</u> Middle <u>George</u> Last <u>Sloan</u>		4. DATE OF DEATH Month <u>November</u> Day <u>8</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>6/11/1908</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>	11. BIRTHPLACE (City and state or country) <u>Peck, Kansas.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Sloan</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie F. Moore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>	
17. INFORMANT Address <u>Robert Sloan, Rushville, Illinois.</u>		14. NAME OF HUSBAND OR WIFE <u>Unavailable</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Central nervous system depression</u> DUE TO (b) <u>Overdose of barbiturates</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Intentional ingestion of overdose of barbiturates (Tuinal)</u>		20c. TIME OF INJURY Hour <u>8:15</u> a.m. <u>XXXX</u> Month <u>11</u> Day <u>8</u> Year <u>1963</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>pharmacy</u>	
20f. CITY, TOWN, OR LOCATION <u>Oakville</u>		COUNTY <u>St. Louis</u> STATE <u>Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Raymond H. Rand</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Clayton, Missouri</u>	
22c. DATE SIGNED <u>11/15/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>11/10/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rushville Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Rushville, Illinois.</u>		23e. DATE RECD. BY LOCAL REG. <u>11-10-63</u>	
24. FUNERAL DIRECTOR <u>Albert H. Hoppe, Inc., 4700 Washington Blvd.,</u>		25. REGISTRAR'S SIGNATURE <u>John C. Murphy</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.